

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         |          |        |          |
| O.I.P.E. CLASSIFIER       |          | 6      | 9-13-01  |
| FORMALITY REVIEW          |          |        |          |
| RESPONSE FORMALITY REVIEW | (2)      |        | 11-28-01 |

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

| Claim    | Date                    |
|----------|-------------------------|
| Final    |                         |
| Original | 3 10 5<br>29 6<br>03 04 |
| 1        | ✓ ✓ ✓                   |
| 2        |                         |
| 3        |                         |
| 4        |                         |
| 5        |                         |
| 6        |                         |
| 7        |                         |
| 8        |                         |
| 9        |                         |
| 10       |                         |
| 11       |                         |
| 12       |                         |
| 13       |                         |
| 14       |                         |
| 15       |                         |
| 16       |                         |
| 17       | ✓ ✓                     |
| 18       |                         |
| 19       |                         |
| 20       |                         |
| 21       |                         |
| 22       |                         |
| 23       |                         |
| 24       |                         |
| 25       |                         |
| 26       |                         |
| 27       |                         |
| 28       |                         |
| 29       |                         |
| 30       |                         |
| 31       |                         |
| 32       |                         |
| 33       |                         |
| 34       |                         |
| 35       |                         |
| 36       |                         |
| 37       |                         |
| 38       |                         |
| 39       |                         |
| 40       |                         |
| 41       |                         |
| 42       |                         |
| 43       |                         |
| 44       |                         |
| 45       |                         |
| 46       |                         |
| 47       |                         |
| 48       |                         |
| 49       |                         |
| 50       |                         |

| Claim    | Date |
|----------|------|
| Final    |      |
| Original |      |
| 51       |      |
| 52       |      |
| 53       |      |
| 54       |      |
| 55       |      |
| 56       |      |
| 57       |      |
| 58       |      |
| 59       |      |
| 60       |      |
| 61       |      |
| 62       |      |
| 63       |      |
| 64       |      |
| 65       |      |
| 66       |      |
| 67       |      |
| 68       |      |
| 69       |      |
| 70       |      |
| 71       |      |
| 72       |      |
| 73       |      |
| 74       |      |
| 75       |      |
| 76       |      |
| 77       |      |
| 78       |      |
| 79       |      |
| 80       |      |
| 81       |      |
| 82       |      |
| 83       |      |
| 84       |      |
| 85       |      |
| 86       |      |
| 87       |      |
| 88       | )    |
| 89       |      |
| 90       |      |
| 91       |      |
| 92       |      |
| 93       |      |
| 94       |      |
| 95       |      |
| 96       |      |
| 97       |      |
| 98       |      |
| 99       |      |
| 100      |      |

| Claim    | Date   |
|----------|--|
| Final    |  |
| Original | 101<br>102<br>103<br>104<br>105<br>106<br>107<br>108<br>109<br>110<br>111<br>112<br>113<br>114<br>115<br>116<br>117<br>118<br>119<br>120<br>121<br>122<br>123<br>124<br>125<br>126<br>127<br>128<br>129<br>130<br>131<br>132<br>133<br>134<br>135<br>136<br>137<br>138<br>139<br>140<br>141<br>142<br>143<br>144<br>145<br>146<br>147<br>148<br>149<br>150 |

BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here